

# CFC Driver Entry Form

Sit-down, propane forklift competition

More CFC information  
or to register online visit:  
[www.oregongosh.com](http://www.oregongosh.com)

## COLUMBIA FORKLIFT CHALLENGE

Oregon Convention Center – Portland ▶ Wednesday, March 8, 2017

Driver Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_



**Team Entry:** Are you also a member of a three-driver team? **Yes** **No**

List other team members: \_\_\_\_\_

*Teams of three must be determined prior to the event with a limit of two teams from a location. Driver changes are allowed prior to check-in. Team score is derived from the three individual scores.*

**Entry deadline February 9, 2017 – Event limited to 35 drivers**

Once registered, you will receive the **Driver Application Packet** via e-mail (beginning January 15, 2017).

Packet includes:

- Driver biography form
- Waiver
- Proof of operator training from your employer
- 20-question "Safe Forklift Operation" quiz

**The quiz is not a pass-fail exam;** however, participants will receive a one point demerit for each incorrect answer.

**NOTE:** Forklift operators must be competent to operate the truck safely (as determined by their employer). The proof of operator training should be a photocopy of the employer's documentation showing the operator was trained and evaluated to operate the forklift safely.

### Completed Driver Packet due February 20, 2017

**Entry fee is \$75** per person

(lunch and Wednesday sessions included)

Payment must accompany registration form.

Make check payable to:

**Oregon Governor's Conference**  
**PO Box 5640**  
**Salem, OR 97304-0640**

– OR – Fax form with credit card information  
to **503-947-7019**

**Check-in on March 8, 2017**, begins at 8 a.m.

and closes at 8:45 a.m. in Exhibit Hall C at the Oregon Convention Center. All drivers must attend the driver's orientation at 9 a.m. Starting times will be chosen by drawing numbers and assigned to each driver after check-in.

#### Questions?

Contact Craig Hamelund at **971-673-2875**  
or email [Craig.Hamelund@oregon.gov](mailto:Craig.Hamelund@oregon.gov)

Charge \$ \_\_\_\_\_ to my:  MasterCard  VISA  American Express  Discover

Name on card: (print) \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security code \_\_\_\_\_ { 3 digits on back of Mastercard or VISA  
4 digits on front of American Express

Signature: \_\_\_\_\_

#### Office use only

Date Rec. \_\_\_\_\_

Amt. Rec. \_\_\_\_\_

Check # \_\_\_\_\_

Last 4 \_\_\_\_\_

Credit card#:

*For your protection, your credit card number will be shredded after processing.*